

Pregnancy Maintenance Initiative (PMI) 2017-2018

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Catholic Charities of Northeast Kansas

Period: 07/01/2017 - 06/30/2018

Filter(s): Catholic Charities of Northeast Kansas;

Grouping A - Administration and Management

Goal: A.1 - Capacity building and accountability

Start Date:

End Date:

Attach proof of Non-Profit Status (501(c)(3))

Did you attach your Non-Profit Status (501(c)(3))?: Yes

List your PMI Program staff names, positions and email addresses (Note the staff member who is the Primary Point of Contact): Kim Brabits, MSW, Vice President of Program Operations kbrabits@catholiccharitiesks.org Marion Blough, LMSW, Community Health Coordinator mblough@catholiccharitiesks.org Heather Roberts MSW, Pregnancy Counseling and Adoption Services Coordinator hroberts@catholiccharitiesks.org Denise Wicker, LMSW Adoption and Pregnancy Counseling Social Worker dwicker@catholiccharitiesks.org

Attach an Agency Organizational Chart

Did you attach an Agency Organizational Chart that clearly identifies where the PMI section falls within the agency and the staff associated?: Yes

Strategy: A.1.1 - Build internal capacity

Start Date:

End Date:

Summarize your staff management plan to include verification of staff licensure, documentation of mandated training, performance appraisal process and professional development plan.: The PMI program will be staffed by one FTE Licensed Masters of Social Worker and will be under the leadership of the Vice President of Program Operations, Kim Brabits who also holds a master's degree. Continuing education is required by all program staff and verification of this will be through the individual to the state licensure board. Staff will all go through on-boarding training by the Human Resources department of Catholic Charities and contains several important areas of study.

Staffs complete self-study lessons on Bullying, Cultural Competency, Ethics, Safety, and Sexual Harassment training through Catholic Charities as well as attending quarterly in-service learning on ethics, self-care and other trauma informed subject matters. Each staff meets yearly with to create a goal plan and objectives. Performance is evaluated and assessed in supervision and through the formal performance evaluation process on a yearly basis.

Requirement: A.1.1.1 - Attend annual meeting/training provided by KDHE

Start Date:

End Date:

Requirement: A.1.1.2 - Provide orientation and training of new staff

Start Date:

End Date:

Describe your process for orienting and training staff new to the PMI program.: PMI staff are on boarded through human resource processes and training. Accurate and complete documentation are emphasized and maintained through initial training as well as ongoing education. All PMI staff are required to complete Trauma Informed Care training to ensure that all services are provided in a trauma informed manner. All staff will have weekly supervision to maintain emotional health and to insure that trauma informed methods of care are continually used. Staff will go through safe sleep training as taught by the SIDS network and trainers. Staffs will attend KDHE Daisey training as well as ongoing annual training offered by the state of Kansas regarding the PMI curriculum and processes. Ongoing continuing education on Post-Partum Depression as well as best practices for working with pregnant mothers will be part of the training process for all PMI staff. All new case managers have a three week orientation outline provided by programming and related to specific program areas.

Requirement: A.1.1.3 - Develop a method for recruiting selecting, and training staff

Start Date:

End Date:

Strategy: A.1.2 - Communicate and coordinate local work with State staff

Start Date:

End Date:

Requirement: A.1.2.1 - Submit Financial Status Report and Client Demographic Summary quarterly

Start Date:

End Date:

Requirement: A.1.2.2 - Submit Quarterly Progress Report

Start Date:

End Date:

Requirement: A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State

Start Date:

End Date:

Goal: A.2 - Program evaluation

Start Date:

End Date:

Strategy: A.2.1 - Develop a program evaluation process to ensure services are provided as proposed

Start Date:

End Date:

Summarize your program evaluation methods to include how you will expand services to meet community needs.:

Program evaluation will take place through client satisfaction surveys as well as advisory team meeting feedback. Client's goals will be tracked by PMI staff and the Community Health Coordinator using the Arizona Self-Sufficiency Matrix as the primary assessment tool and Life Domain goal planning tools. Community needs will be taken into account in quarterly Advisory team meetings which will then affect which services to should expanded. Feedback from partnering agencies and programs will aide in deciding most effective methods of expansion and pathways to expand services.

All program staff will have weekly supervision with their supervisors to provide feedback and to report needs that have been mentioned in one on one appointment's with clients. Through Daisey staff will pull information regarding demographics of the majority of clients served to aide as a guide in where to expand services. Continued outreach to partnering agencies will also help in expanding services through ongoing referrals.

Requirement: A.2.1.1 - Develop and use a client satisfaction survey

Start Date:

End Date:

Attach a Client Satisfaction Survey in the attachment section above

Did you attach a Client Satisfaction Survey?: Yes

Requirement: A.2.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines.

Start Date:

End Date:

Strategy: A.2.2 - Create and maintain a functioning advisory group.

Start Date:

End Date:

Describe your PMI Advisory Group membership and frequency of meetings.: PMI advisory group meetings will take place quarterly. Attending these meetings are representatives of several local organizations. WIC director, Parents as Teachers representative, Refugee Case Management Supervisor, Adoption Coordinator, as well as members of WYCO Community Health Coalition. One participant has been invited for the 2nd quarter (April 2017) meeting and we hope to include more participants in the 3rd quarter if this one goes well. PMI Advisory Group meetings serve as a place for feedback from the community as well as previous and present participant.

Requirement: A.2.2.1 - Composition of the advisory group will reflect the community (race, ethnicity, SES)

Start Date:

End Date:

Requirement: A.2.2.2 - Regular meetings will be held and minutes of the meeting kept

Start Date:

End Date:

Grouping B - Data and Information

Goal: B.1 - Measure program impact

Start Date:

End Date:

Describe your program goals, objectives and outcome measures.: The goal of the PMI services is to ensure access to an adequate level of quality pregnancy service by disadvantaged pregnant women that are primarily initially encountered through Catholic Charities' emergency assistance programming throughout the 21 counties of northeast Kansas and through the refugee and immigration program in Wyandotte County.

Strategy: B.1.1 - Develop an evaluation tool to measure program effectiveness

Start Date:

End Date:

How will you measure effectiveness of services, interventions and referral networks?: Prior to the delivery of PMI services, the Director of Health Integration will develop a process for measuring effectiveness of the services provided that will include a client intake and needs assessment, goal planning and tracking and finally the client satisfaction survey. In addition to the PMI Needs Assessment and Life Domains Goal Planning sheets, Catholic Charities will complete a more in-depth needs assessment called the Arizona Self-Sufficiency Matrix to evaluate the woman's well-being on domains including housing, income, employment and health care. Assessment dialogue reveals outside supports that individuals could leverage to improve their circumstances independent of agency support. Based on these results, numerical ranges can be applied to individual clients, helping the case manager target services to meet client needs and move them along the continuum of self-sufficiency.

The delivery of all PMI services will be tracked in a community-wide service database, MAACLink, for each mother and baby, which also help to track services provided by other programs in the community to better target client need.

How will you ensure services provided are those needed by clients?: From the intake and needs assessment and the goal planning as well as the use of the Arizona Self-Sufficiency Matrix, the Director of Health Integration as well as any other case manager that the woman works with will rely on the woman to lead the direction for the goal plans. Catholic Charities case management model is based on client self-determination of needs and goals.

Describe your plan for collecting and entering client information into DAISEY (KDHE approved data system), including who will collect the information, how it will be collected and when it will be entered. If you also enter client data in another system, include the name of the system (Insight, Nightingale Notes, etc.): Collecting and entering the data by program staff will be coordinated by the Director of Integrated Health, all PMI program staff has been trained and has access to the DAISEY system.

Attach a current DAISEY Terms of Use Agreement signed by your agency for FY 2018 (electronic or handwritten signatures are acceptable).

Did you attach a signed DAISEY Terms of Use Agreement for FY 2018?: Yes

Requirement: B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks

Start Date:

End Date:

Requirement: B.1.1.2 - Gather and use data to assess program impact

Start Date:

End Date:

Grouping D - Interventions to Improve Public Health

Goal: D.1 - Provide services to enable pregnant women to carry their pregnancies to term

Start Date:

End Date:

Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term. Note the strategies and curriculums used and note whether or not they are evidence-based.: Trauma informed care – evidenced based Safe sleep education – evidence informed Reduced fetal movement education – evidence informed Bulletin from AAP regarding best evidence based practices The goal of the PMI services is to ensure access to an adequate level of quality pregnancy service by disadvantaged pregnant women that are primarily initially encountered through Catholic Charities' emergency assistance programming throughout the 21 counties of northeast Kansas and through the refugee and immigration program in Wyandotte County. To achieve this goal: 1. All PMI service procedures and protocols will be developed and written that will ensure adequate service delivery prior to services beginning. 2. No individual will be denied services due to inability to pay; 3. Each woman will be referred for PMI services and will be seen by the Director of Health Integration, who is the RN that will serve as the case manager, and will receive an individual initial assessment, including goal setting and then ongoing help in attaining those goals; 4. The case manager will work to ensure that each pregnant woman will receive the necessary support to help carry pregnancies to term, resulting in positive outcomes for both child and mother that can be provided by other Catholic Charities' programming or through referrals to community partners. These supports may include nutrition education, rent and utility assistance, financial literacy education, access to food pantry, diabetes screens, blood pressure checks, doctors appointments and assistance with medical bills; 5. Women who experience still birth will receive necessary support to cope with loss; 6. At all levels of service, the case manager will provide referrals to an array of community resources, including other Catholic Charities' services, as appropriate to facilitate healthy lifestyles for mothers and babies; 7. Catholic Charities will provide follow-up case management services for women and newborns for 6 months post-delivery based on individual needs and attainment of set goals; and 8. Catholic Charities will obtain written client feedback regarding service delivery to be used in assessing quality service delivery. Describe the adoption services and pregnancy education to be provided as part of the program.: Catholic Charities' Pregnancy Counseling and Adoption Coordinator, who works as part of the Integrative Health Program of Catholic Charities will work together with the Director of Health Integration by providing the adoption services education for each woman receiving PMI services. Together they will work to determine which women are good candidates for adoption and will provide the necessary education, resources and referrals. This staff member will also work collaboratively with the Crisis Pregnancy Center in Wyandotte County in delivering adoption education assistance for their PMI services. Each woman seen will receive information outlining adoption as a formidable option to their pregnancy. Additionally, the Health Care Coordinator and any other case managers working with pregnant women through the emergency assistance centers or refugee program will receive adoption education training from the Pregnancy Counseling and Adoption Coordinator on staff.

Estimate the total number of clients to be served during the grant period.: 50

Estimate the number of new enrollees to be served during the grant period: 50

Select all counties to be served below

County: Allen; Anderson; Atchison; Brown; Coffey; Doniphan; Douglas; Franklin; Jackson; Jefferson; Johnson; Leavenworth; Linn; Lyon; Miami; Nemaha; Osage; Pottawatomie; Shawnee; Wabaunsee; Wyandotte

Strategy: D.1.1 - Assure that no individuals unable to pay will be denied pregnancy maintenance services

Start Date:

End Date:

Requirement: D.1.1.1 - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented

Start Date:

End Date:

Strategy: D.1.2 - Adoption services and pregnancy education will be part of the program

Start Date:

End Date:

Describe the adoption services and pregnancy education to be provided as part of the program.: Catholic Charities' Pregnancy Counseling and Adoption Coordinator, who works as part of the Integrative Health Program of Catholic Charities will work together with the Director of Health Integration by providing the adoption services education for each woman receiving PMI services. Together they will work to determine which women are good candidates for adoption and will provide the necessary education, resources and referrals. This staff member will also work collaboratively with the Crisis Pregnancy Center in Wyandotte County in delivering adoption education assistance for their PMI services.

Each woman seen will receive information outlining adoption as a formidable option to their pregnancy. Additionally, the Health Care Coordinator and any other case managers working with pregnant women through the emergency assistance centers or refugee program will receive adoption education training from the Pregnancy Counseling and Adoption Coordinator on staff.

Requirement: D.1.2.1 - Case managers to attend adoption training class

Start Date:

End Date:

Requirement: D.1.2.2 - Provide plan for providing adoption as an option

Start Date:

End Date:

Requirement: D.1.2.3 - Provide adequate resources and referrals

Start Date:

End Date:

Goal: D.2 - The program shall not perform, promote or refer for education in favor of abortion.

Start Date:

End Date:

Can you provide assurances that the program will not perform, promote or refer for education in favor of abortion?: Yes

Strategy: D.2.1 - Provide assurances

Start Date:

End Date:

Grouping E - Communications and Promotions

Goal: E.1 - Increase public awareness of services and generate buy in

Start Date:

End Date:

Strategy: E.1.1 - Promote services to community**Start Date:****End Date:**

How will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?: Working with local health agencies and safety net clinics will promote the Pregnancy Maintenance Initiative in the community. Partnering with local agencies such as the Mother and Child Health Coalition as well as Parents as Teachers we will have direct links for program recruitment. Community awareness of PMI services will be facilitated through long-standing relationships with, county health departments, area United Ways, faith communities, other community social service agencies and organizations and health care providers across each county served.

Contact with these referral sources will be made within two weeks of the grant award to notify of the services that will be provided. Information will also be made available through social media and through the MAACLink system.

The targeted clients for the PMI services will primarily be pregnant women that are seeking out emergency assistance through one of the eight offices in Johnson, Wyandotte, Douglas, Shawnee, Lyon, Leavenworth, or Atchison counties or two mobile resource buses that are dispatched into the farther reaching rural communities (delete?) or through the refugee and immigration program in Wyandotte County. The case managers that work within these programs will be natural referral sources for PMI services.

Strategy: E.1.2 - Planned outreach activities**Start Date:****End Date:**

What are your planned outreach activities?: The Director of Health Integration Programming, the Health Care Coordinator, and the Pregnancy Counseling and Adoption Coordinator will all promote the availability of PMI services through other health related education programs and training that they already conduct in the communities served. For instance, the Director Integrative Health provides regular health and nutrition classes and screenings for the emergency assistance centers and refugee program.

Additionally, through two mobile resource buses that are dispatched in the rural communities of northeast Kansas, the case managers can provide information about PMI services to all pregnant women that they encounter and make the referrals to the PMI services.

Strategy: E.1.3 - Target and recruit clients**Start Date:****End Date:****Grouping F - Partnerships****Goal: F.1 - Collaborative partnerships with community providers****Start Date:****End Date:****Strategy: F.1.1 - Build and maintain local partnerships****Start Date:****End Date:**

Requirement: F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services**Start Date:****End Date:**

Identify your key partners including community-based health, social service providers, and Maternal and Child Health (MCH). Describe how you collaborate to ensure needed services are provided.: Primarily, partnerships will involve mutual referral and exchange of information to benefit the pregnant woman and baby. The primary referral partners will be Wyandotte Pregnancy Center, the health departments in each county, Health Partnership Clinic in Johnson County, Mercy and Truth in Wyandotte and Johnson counties, Community Health Counselor of Wyandotte County, Parents as Teachers of Wyandotte county schools, University of Kansas Nursing school, local YMCA's, Keller Women's Center, and Wyandotte Center.

Heather Roberts, Pregnancy Counseling and Adoption Services Coordinator, will collaborate services with Wyandotte Pregnancy Center by occupying space at their office as needed to better serve and offer adoption services to pregnant women in need .

It will be a focus of the Director of Integrative Health to continually seek out partnering agencies and to maintain collaborative relationships with each through the term of the grant. There will be an ongoing list of partnering referral agencies that will be maintained.

Maternal Child Health Coalition is a partner in providing safe sleep training for staff as well as providing pack and plays to our participants. Many of the mothers who come to our program do not have access to cribs or the knowledge of safe sleep and we see this ongoing partnership as a fundamental piece to bring mothers to full term. Mothers in the PMI program qualify for a pack and play in the third trimester of their pregnancy and through evidence based training staff gives the most up to date sleep recommendations to our mothers.

We partner with Kansas University Health system for mothers who are uninsured at enrollment as well as ongoing appointments with income based capacity. This hospital system has gained knowledge of working with indigent populations as well as populations who do not have English as their first language. Health departments in each county also provide referrals and primary care for many of our participants.

CCNEK has been providing services within our 21 counties for over 30 years and is lucky to have developed partnerships with most local social service areas. These partnerships were further advance with our RelationshipsKan program that provided education to domestic violence survivors in our rural population.

Recently we have established a relationship with the American Diabetes Association to further provide materials and opportunities for our mothers who are at risk or experiencing gestational diabetes.

Requirement: F.1.1.2 - Develop referral sources for related services**Start Date:****End Date:****Requirement: F.1.1.3 - Track referrals made and outcomes of those referrals****Start Date:****End Date:**

When referring for services outside the program, what are the processes for initiating referrals and for follow-up after referral to ensure clients engage in the services?: As referrals are made for services outside of Catholic Charities PMI services, the individual providing the PMI case management (most likely the Director of integrative Health) will track the referrals through the Daisey client management system and the client file. At the beginning of PMI case management a release of information will be obtained from the client that would allow the case manager to follow-up on any medical or other services that are received outside of Catholic Charities. A large part of the information received to follow-up on a referral will be obtained directly from the client during ongoing case management and from the partnering agency themselves.